

The demand must be filed directly with the competent International Preliminary Examining Authority or if two or more Authorities are competent, with the one chosen by the applicant. The same or two-letter code of that Authority may be indicated by the applicant on the line below:  
IPEA/ EP

PCT

Rec'd PCT/PTO

DEC 2004  
CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:  
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty, and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA	Date of receipt of DEMAND
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<b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>		Applicant's or agent's file reference 2948-177.PCT
International application No. PCT/US03/21061	International filing date (day/month/year) 07 July 2003	(Earliest) Priority date (day/month/year) 08 July 2002

Title of invention  
VIRULENT PHAGES TO CONTROL LISTERIA MONOCYTOGENES IN FOODSTUFFS AND IN FOOD PROCESSING PLANTS

<b>Box No. II APPLICANT(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  EXPONENTIAL BIOTHERAPIES, INC. 150 Main Street Port Washington, NY 11050 United States of America	Telephone No. 516.883.6883
	Facsimile No. 516.883.6903
	Teleprinter No.
	Applicant's registration No. with the Office

State (that is, country) of nationality: US	State (that is, country) of residence: US
--	--

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  LOESSNER, Martin In der Weid 1 CH-8122 Binz Switzerland	
--	--

State (that is, country) of nationality: DE	State (that is, country) of residence: CH
--	--

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  CARLTON, Richard M. 3 Secor Drive Port Washington, NY 11050 United States of America	
---	--

State (that is, country) of nationality: US	State (that is, country) of residence: US
--	--

[ ] Further applicants are indicated on a continuation sheet.

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESSES FOR CORRESPONDENCE**

The following person is ☒ agent ☐ common representative

and ☐ has been appointed earlier and represents the applicant(s) also for international preliminary examination.

☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.

☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

MURRAY, Robert, B.  
Rothwell, Figg, Ernst & Manbeck, P.C.  
1425 K Street, N.W., Suite 800  
Washington, D.C. 20005  
United States of America

Telephone No.

202 783 6040

Facsimile No.

202 783 6031

Teleprinter No.

Agent's registration No. with the Office

☐ **Address for correspondence:** Mark this check-box where no agent or common representative is/has been appointed and the space above is used to indicate a special address to which correspondence should be sent.

**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:\***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ The international application as originally filed

the description ☒ as originally filed

☐ as amended under Article 34

the claims ☒ as originally filed

☐ as amended under Article 19 (together with any accompanying statement)

☐ as amended under Article 34

the drawings ☒ as originally filed

☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

\* Where no check-box is marked, international preliminary examination will start on the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendment of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: ..... ENGLISH .....

☒ which is the language in which the international application was filed.

☐ which is the language of a translation furnished for the purposes of international search.

☐ which is the language of publication of the international application.

☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

**Box No. V ELECTION OF STATES**

The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

**Supplemental Box.** *If the supplemental box is not used, this sheet need not be included in the demand.*

ROTHWELL, G. Franklin, Reg. No. 18,125  
FIGG, E. Anthony, Reg. No. 27,195  
ERNST, Barbara G., Reg. No. 30,377  
MANBECK, Harry F., Jr., Reg. No. 17,348  
REPPER, George R., Reg. No. 31,414  
DELUCA, Vincent M., Reg. No. 32,408  
HYNDS, Joseph A., Reg. No. 34,627  
IHNEN, Jeffrey L., Reg. No. 28,957  
KARTA, Glenn E., Reg. No. 30,649  
CASSIDY, Martha, Reg. No. 44,066  
WYDEVEN, Richard, Reg. No. 39,881  
MCKIERNAN, Thomas E., Reg. No. 37,889  
MORAN, Michael J., Reg. No. 42,013  
GIFFORD, C. Nichole, Reg. No. 44,122  
BHATT, Minaksi, Reg. No. 35,447  
SULLIVAN, Michael G., Reg. No. 35,377  
DAVIS, Monica S., Reg. No. 44,492  
ZOLTICK, Martin M., Reg. No. 35,745  
ROSENBLOOM, Brian S., Reg. No. 41,276  
SKACEL, Patrick, Reg. No. 47,948  
DEWEERD, Willem F., Reg. No. 51,613  
PARKER, Stephen B., Reg. No. 36,631  
PATE, Tara J., Reg. No. 52,099  
MURRAY, Robert B., Reg. No. 22,980  
KITTS, Monica Chin, Reg. No. 36,105  
TOLLEFSON, Brian, A., Reg. No. 46,338  
VON NATZMER, Joyce, Reg. No. 48,120  
WALKER, Barbara W., Reg. No. 35,400  
GIOVANNETTI, Steven, Reg. No. 51, 739

All members of the law firm of Rothwell, Figg, Ernst & Manbeck, P.C. at the address, telephone and telefacsimile numbers indicated in Box No. III.

**Box No. VI CHECK LIST**

The demand is accompanied by the following elements, in the language referred to in Box No. IV, of the purposes of international preliminary examination:

- |  |   |          |
|--|---|----------|
| 1. translation of international application                              | : | sheets   |
| 2. amendments under Article 34   | : | sheets   |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets   |
| 4. copy (or, where required, translation) of statement under Article 19  | : | sheets   |
| 5. letter  | : | 1 sheets |
| 6. other (specify)   | : | sheets   |

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Examining Authority use only

received	not received
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The demand is also accompanied by the item(s) marked below

- |   |  |
|---|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet                                | 5. <input type="checkbox"/> statement explaining lack of signature     |
| 2. <input type="checkbox"/> original separate power of attorney                             | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney                              | 7. <input type="checkbox"/> other (specify):                           |
| 4. <input type="checkbox"/> copy of general power of attorney;<br>reference number, if any: |  |

**Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

  
Robert B. Murray  
Attorney for Applicant

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. ☐ The applicant has been informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

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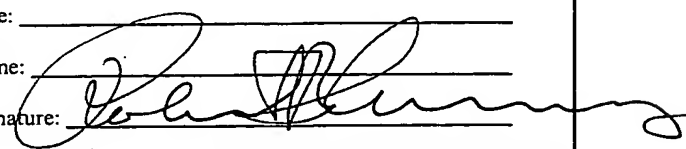
Demand received from IPEA on:

## PCT

## FEE CALCULATION SHEET

Annex to the Demand

For International Preliminary Examining Authority use only

International application No. PCT/US03/21061		
Applicant's or agent's file reference 2948-177.PCT	Date stamp of the IPEA	
Applicant EXPONENTIAL BIOTHERAPIES, INC., <i>et al.</i>		
<b>CALCULATION OF PRESCRIBED FEES</b>  1. Preliminary examination fee ..... €1,530.00 [P]  2. Handling fee ( <i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i> ) ..... €159.00 [H]  3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box ..... <u>€1,689.00</u> <div style="text-align: right;">TOTAL</div>		
<b>MODE OF PAYMENT</b>  <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cash  <input checked="" type="checkbox"/> cheque <input type="checkbox"/> revenue stamps  <input type="checkbox"/> postal money order <input type="checkbox"/> coupons  <input type="checkbox"/> bank draft <input type="checkbox"/> other ( <i>specify</i> ):		
<b>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT</b> <i>(This mode of payment may not be available at all IPEAs)</i> <div style="text-align: right;">IPEA/ _____</div> <div style="text-align: right;">Deposit Account No.: _____</div> <div style="text-align: right;">Date: _____</div> <div style="text-align: right;">Name: _____</div> <div style="text-align: right;">Signature: </div>		